Form	990
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury

Т

Internal Revenue Service			Go to	www.irs.gov/F			the latest ir			Inspection	
A For the 2022 calen		e 2022 calend	ar year, or tax year b	beginning J	UL 1, 20)22 and	ending J	<u>UN 30, 2023</u>	3		
	Check if applicat	C Name o	organization					D Employer identi	ficatior	1 number	
	Addr	ess CAN	DIEGO CHILI	רת יאידיסו	COVERV	MIICEIIM					
	Chan	e	Isiness as	KEN S D.	LSCOVERI	MOSEOM		33-0912	735		
	chan Initial returr	U	and street (or P.O. bo	v if mail is not del	ivered to street a	ddrees)	Room/suite	E Telephone numb			
		320	N. BROADWAY			uui 655)	1100m/Suite	(760)233		55	
	termi ated	n- City or t	wn, state or provinc	e, country, and	ZIP or foreign p	ostal code		G Gross receipts \$		2,260,83	32.
	Amer		NDIDO, CA	92025				H(a) Is this a group	return		_
	Appli tion pend		d address of princip	al officer: STE	PHEN C.	HERMES		for subordinate	es?	. Yes X	No
		SAME	AS C ABOVE					H(b) Are all subordinates			No
		empt status:		501(c) ()	(insert no.)	4947(a)(1)	or 527	- '		See instructions	
	Webs		SDCDM.ORG		againtian [Other		H(c) Group exempti			07
	Form o art l	of organization: [Summary	X Corporation] Trust As	sociation	Other	L Year	of formation: 2000	M State	e of legal domicile	;; CA
	T	,	the execution's r	niacion or most		Uition SAN	DIFCO	CHILDREN'S	סדם	COVERY	
e	3 1							EN CAN DISCO			
Governance	2	Check this bo						than 25% of its net as			
veri	3		ng members of the c		•	•		3	1		14
Ő			ependent voting mer	, 0 ,	. , ,	,					14
			of individuals employ						_		38
ties	6		of volunteers (estimat								30
Activities &	79		l business revenue fr						-		0.
Ac	, a		ousiness taxable inco								0.
	<u> </u>	The amolated			500 I, I alt I, II			Prior Year	<u> </u>	Current Year	
	8	Contributions	and grants (Part VIII,	line 1h)				1,627,102		1,631,37	78.
Revenue	9		e revenue (Part VIII,					327,487		581,48	
eve	10	•	ome (Part VIII, colum	•				304		5,27	
ă	11		(Part VIII, column (A)					14,521		29,48	38.
	12		add lines 8 through					1,969,414		2,247,62	
	13		nilar amounts paid (P					0.	•		0.
	14		o or for members (Pa					0.	•		0.
c,	15	Salaries, othe	compensation, empl	oyee benefits (F	Part IX, column	(A), lines 5-10)		1,049,487	•	1,349,73	38.
lse	2 16a	Professional f	ndraising fees (Part I	X, column (A), li	ne 11e)			0.	•		0.
Expenses	b b		ng expenses (Part IX,			307,1	19.				
ũ	i 17	Other expense	s (Part IX, column (A), lines 11a-11d,	11f-24e)			550,843.		786,67	
			s. Add lines 13-17 (m					1,600,330.		2,136,41	L7.
	19	Revenue less	expenses. Subtract li	ne 18 from line	12			369,084	•	111,20)3.
Net Assets or	CES						Be	ginning of Current Year	_	End of Year	
sets	20	Total assets (I	art X, line 16)					2,518,653		2,737,98	
AS	21	Total liabilities	(Part X, line 26)					347,101.		455,23	
Nei	22		und balances. Subtra	act line 21 from	line 20	<u></u>		2,171,552		2,282,75	55.
P	art II	Signatur	Block								
Und	der pen	alties of perjury,	declare that I have example	mined this return,	including accom	panying schedule	s and stateme	ents, and to the best of n	ny know	ledge and belief, i	t is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	STEPHEN C. HERMES, TREASU						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	TRITIA FOSTER			self-employed P02164134			
Preparer	Firm's name DAVIS FARR LLP			Firm's EIN 47-3535842			
Use Only	Firm's address 18201 VON KARMAN						
	IRVINE, CA 92612			Phone no. 949-474-2020			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912735 Page 2 rt III Statement of Program Service Accomplishments
1 01	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SAN DIEGO CHILDREN'S DISCOVERY MUSEUM SPARKS A LOVE OF LEARNING SO ALL
	CHILDREN CAN DISCOVER THEIR WILDEST DREAMS. OUR VISION FOR THE FUTURE
	IS TO BE THE LEADERS IN INVENTIVE EARLY CHILDHOOD LEARNING. OUR
	VALUES: WE ASPIRE TO SERVE ALL CORNERS OF SAN DIEGO AND ADJACENT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 564, 870. including grants of \$) (Revenue \$587, 954.
	FOR OVER TWO DECADES, SDCDM HAS SHARED OUR MUSEUM SPACE WITH ALL
	CHILDREN AND FAMILIES, MANY OF WHOM WOULD HAVE LITTLE TO NO ACCESS TO
	SUPPLEMENTAL EDUCATIONAL ENRICHMENT EXPERIENCES WITHOUT US. THE
	MUSEUM'S 13,000 SQUARE FEET OF INDOOR AND OUTDOOR VITAL GUIDED PLAY
	AREAS, HANDS-ON LEARNING ACTIVITIES, AND TWICE- DAILY EDUCATIONAL
	PROGRAMS CREATE AN IDEAL LEARNING ENVIRONMENT FOR DEVELOPING AND
	REINFORCING CHILDREN'S EARLY FOUNDATIONAL FLUENCIES AND STEM LEARNING.
	OUR MOBILE MUSEUM ADDRESSES DISPARITIES OF EQUITABLE LEARNING
	OPPORTUNITIES BY BRINGING SUPPLEMENTAL ENRICHMENT OPPORTUNITIES TO
	YOUNG CHILDREN WHERE THEY ARE. THE PROGRAM BUILDS OVER 50 FOUNDATIONAL
	FLUENCIES AND HELPS DEVELOP CHILDREN'S COGNITIVE SKILLS, SOCIAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-1	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,564,870.
	Form 990 (202
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
02	27 149072 12735Q 2022.05060 SAN DIEGO CHILDREN'S DISC 1273

Form 990 (202			CHILDREN'S	DISCOVERY	MUSEUM
Part IV C	hecklist of Require	d Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 21
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 23
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
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Form 990 (202				DISCOVERY	MUSEUM
Part IV C	hecklist of Require	d Schedu	lles (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	л	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912	735	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			

а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	L	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b

с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	
	to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	

8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				

a	is the organization licensed to issue qualified health plans in more than one state?	L	138					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand 13c							
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?							
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of	r						
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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7e 7f 7g 7h

Form 9	990 ((2022)
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SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point c	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha								
	· · · · · · · · · · · · · · · · · · ·			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	X				
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,							
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v				
a	The organization's CEO, Executive Director, or top management official			15a	X X				
b	Other officers or key employees of the organization			15b	Λ				
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	- •	4h -						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements			10-		х			
Ŀ	taxable entity during the year?			<u>16a</u>		Λ			
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?			166					
Sec	tion C. Disclosure			16b		L			
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	4 990	T (section $501(c)(3)$		availat	he			
10	for public inspection. Indicate how you made these available. Check all that apply.	- 000-		, orny) i	availat				
		on 0-	hadula ()						
19	▲ Own website ▲ Another's website ▲ Upon request Other (explain of the comparison of the		,	lfinand	ial				
13	statements available to the public during the tax year.	mot U	and policy, and		101				
20	State the name, address, and telephone number of the person who possesses the organization's book	(s and	records						
20	STEPHEN C. HERMES - (760)233-7755	.5 010							
	320 N. BROADWAY, ESCONDIDO, CA 92025								

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Form **990** (2022)

⁶ 2022.05060 SAN DIEGO CHILDREN'S DISC 12735Q_1

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	(do	(Pos heck	C) ition	1 than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	c-W) related restrictional trustee former line;		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations				
(1) KRISHNA KABRA CEO	40.00		х				124,215.	0.	22,742.
(2) AMANDA FISHER	5.00						101/0100		2277120
CHAIR		х	х				0.	0.	0.
(3) JESSICA WINCHENBACH	1.00								
VICE CHAIR		Х	Х				0.	0.	0.
(4) VALERIE ATTISHA	1.00								
SECRETARY		Х	Х				0.	0.	0.
(5) STEVE HERMES	3.00								
TREASURER	1 00	Х	Х				0.	0.	0.
(6) BRIAN ADKINS	1.00								
DIRECTOR	1 0 0	Х					0.	0.	0.
(7) KIMBERLIE DUNHAM BERGSMA	1.00							0	
DIRECTOR (8) ALISSA HAUSER	1.00	Х					0.	0.	0.
DIRECTOR	1.00	х					0.	0.	0.
(9) STEFAN JENSEN	1.00	^					0.	0.	0.
DIRECTOR	1.00	x					0.	0.	0.
(10) KUSH KAPILA	1.00	Δ							0.
DIRECTOR	1.00	x					0.	0.	0.
(11) ROBIN KEITH	1.00								
DIRECTOR		х					0.	0.	0.
(12) ALESSANDRA LEZAMA	1.00								
DIRECTOR		х					0.	0.	0.
(13) STANLEY RODRIGUEZ	1.00								
DIRECTOR		х					0.	0.	0.
(14) DEBRA ROY	1.00								
DIRECTOR		Х					0.	0.	0.
(15) HEM SURI	1.00								
DIRECTOR		Х					0.	0.	0.
									 000 (2222)

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Form 990 (2022)

) CHILDR	LEN	' S	DI	SCC)VE	RY MUSEUM	33-09	1273!	5 Pa	.ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es, a	nd H	lighe	st C	ompensated Employee	s (continued)			
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average			ositio			Reportable	Reportable		Estimated	d
	hours per				re than n is bot		compensation	compensation		amount c	of
	week				tor/trus		from	from related		other	
	(list any	ctor					the	organizations	со	compensation	
	hours for	Individual trustee or director			5		organization	(W-2/1099-MISC		from the	
	related	ee or	stee		Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		rganizatio	on
	organizations	trust	In stit utional trustee	aav	, mpe		1099-NEC)	,		nd relate	
	below	dual	ution	Officer Kav emplovee	sst oc	er	,		or	ganizatio	ns
	line)	ndivi	nstit	Officer Key em	in the second se	Former				0	
		_	_		<u> </u>	-					
			_	_	_	_					
			-	-	+-						
				_							
			_	_							
									-		
1b Subtotal							124,215.			22,74	
c Total from continuation sheets to Part VI	I, Section A						0.		0.		0.
d Total (add lines 1b and 1c)							124,215.		0.	22,74	2.
2 Total number of individuals (including but n							-	000 of reportable			
compensation from the organization		000	10100	ubb	/0) 111						1
compensation norm the organization										Yes	No
										165	
3 Did the organization list any former officer,	director, truste	ee, k	ey en	nploy	ee, o	' hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual								3		<u>X</u>
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mper	satio	n and	l oth	ner compensation from th	ne organization			
and related organizations greater than \$150									4		Х
5 Did any person listed on line 1a receive or a											
									5		Х
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Scheaule	<u> </u>	or suc	n pe	rson				5		23
· · · · · · · · · · · · · · · · · · ·											
1 Complete this table for your five highest co									ensation	rom	
the organization. Report compensation for	the calendar ye	ear e	nding	with	or w	thin	the organization's tax y	ear.			
(A)							(B)			(C)	
Name and business	address	NC	NE				Description of s	ervices	Comp	ensation	l
O Total number of independent centre days											
2 Total number of independent contractors (in	aduding but -	st 11	hod.	- +		+~~	abova) who reading at the	vro thon			
	0	ot lin	nited	to the	-	sted	above) who received mo	ore than			
\$100,000 of compensation from the organized	0	ot lin	nited	to the	ose lis 0	sted	above) who received mo	pre than		n 990 (2	

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Pa	rt VI	III Statement of Rev	enue					
		Check if Schedule O co	ontains a respons	se or note to any line		(B)	(C)	
					(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a		<u>1a</u>	165 200				
Gra	k		1b	165,302.				
ts, (Arr	c	• • • • • • • • • • • • • • • • • • • •						
iar Iar	C	-	<u>1d</u>	380,073.				
Sim's	e	e Government grants (contrib	· · · · · · · · · · · · · · · · · · ·					
utio	т	f All other contributions, gifts, g		L,086,003.				
ġ₽		similar amounts not included a 9 Noncash contributions included in lir		7,319.				
Contributions, Gifts, Grants and Other Similar Amounts	5 F	 9 Noncash contributions included in lir h Total. Add lines 1a-1f 			1,631,378.			
0.0				Business Code				
đ	2 2	a ADMISSIONS		713990	353,998.	353,998.		
Program Service Revenue	 t	SCHOOL ENRICHM	MENT INCO	_	76,125.	76,125.		
Ser	- (C OTHER REVENUE		713990	51,967.	51,967.		
		d BIRTHDAY PARTI	LES	713990	40,465.	40,465.		
Be	e	SPECIAL PROGRA			35,600.	35,600.		
Pro	f	f All other program service re	evenue		23,329.	23,329.		
		g Total. Add lines 2a-2f			581,484.			
	3	Investment income (includi	ng dividends, int	erest, and				
		other similar amounts)			5,270.			5,270.
	4	Income from investment of	tax-exempt bond	d proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a		6a 28,018					
	k	· · · · ·	<u>6b 5,000</u>					
	c		6c 23,018	3 .	02 010			0.2 0.1 0
		d Net rental income or (loss)			23,018.			23,018.
	7 a	a Gross amount from sales of	(i) Securitie	s (ii) Other				
			<u>7a</u>					
	k	b Less: cost or other basis	_					
Revenue			7b					
eve		. ,	7c					
		d Net gain or (loss)						
Other	88	 Gross income from fundraising including \$ 						
0		contributions reported on li	of					
		Part IV, line 18		8a				
	F	b Less: direct expenses		8b				
		c Net income or (loss) from fu						
		a Gross income from gaming						
		Part IV, line 19		9a				
	k	b Less: direct expenses		9b				
		c Net income or (loss) from g						
		a Gross sales of inventory, le	- r					
		and allowances		10a 14,682.				
	k	b Less: cost of goods sold		юь 8,212.				
		c Net income or (loss) from s	-		6,470.	6,470.		
ر م				Business Code				
e out	11 a	a		_]				
cellaneo evenue	k	b		_				
Miscellaneous Revenue	c	c		_				
Mis	c	d All other revenue						
_		e Total. Add lines 11a-11d						20.000
	12	Total revenue. See instruction	IS		2,247,620.	587,954.	0.	28,288. Form 990 (2022)

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

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Form 990 (2022)

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SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Part IX Statement of Functional Expenses

Doı	Check if Schedule O contains a respons	(A)	(B)	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	199 220	140 000	F 000	
	trustees, and key employees	177,339.	140,883.	5,898.	30,558
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 000 004	018 000	04.000	1 6 0 4 5 4
7	Other salaries and wages	1,009,884.	817,362.	24,068.	168,454
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	C1 0 C0	44 000	0 500	10 500
9	Other employee benefits	61,060.	41,890.	8,590.	10,580
0	Payroll taxes	101,455.	72,134.	6,334.	22,987
1	Fees for services (nonemployees):				
а	Management				
b	Legal	60.400			
С	Accounting	62,400.	862.	44,614.	16,924
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	119,929.	1,657.	85,746.	<u>32,526</u> 6,323
2	Advertising and promotion	51,072.	44,338.	411.	6,323
13	Office expenses	66,319.	27,258.	35,049.	4,012
4	Information technology	26,455.	17,787.	4,490.	4,178
15	Royalties				
16	Occupancy	145,688.	128,815.	14,288.	2,585
7	Travel	4,148.	3,094.		1,054
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			-	
9	Conferences, conventions, and meetings	6,456.	1,427.	2,076.	2,953
20	Interest	7,319.		7,319.	
21	Payments to affiliates		-		
2	Depreciation, depletion, and amortization	70,669.	69,605.	851.	213
3	Insurance	20,870.		20,870.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTREACH AND SPECIAL PR	86,225.	86,225.		
b	EXHIBITS AND MAINTENANC	76,687.	76,687.		
c b	STAFF DEVELOPMENT	24,163.	21,324.	710.	2,129
d	OTHER	18,279.	13,522.	3,114.	1,643
	All other expenses				±,0±5
е 5	Total functional expenses. Add lines 1 through 24e	2,136,417.	1,564,870.	264,428.	307,119
ວ 6	Joint costs. Complete this line only if the organization	2,20,21,•	<u> </u>	201,1200	
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Total liabilities and net assets/fund balances

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 3,206. 1,547. Inventories for sale or use 8 13,976. 19,042. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,464,238. basis. Complete Part VI of Schedule D _____ 10a 604,006. 1,816,414. 1,860,232. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 2,518,653. 2,737,987. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 70,118. 148,184. Accounts payable and accrued expenses 17 18 Grants payable 76,983. 107,048. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 200,000. 22 200,000. controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 347,101. 455,232. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 1,795,524. 1,905,020. 27 Net assets without donor restrictions 377,735. Net assets with donor restrictions 376,028. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 2,171,552. 2,282,755. Total net assets or fund balances 32

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

(A) Beginning of year End of year 417,007.

240,326.

22,658.

1

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3

4

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(B)

210,679.

405,256.

147,432.

98,865.

2,737,987. Form 990 (2022)

2,518,653.

33

Form 990 (2022)

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Liabilities

Net Assets or Fund Balances

Assets

Part X | Balance Sheet

Form	990 (2022) SAN DIEGO CHILDREN'S DISCOVERY MUSEUM	33-	0912735	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,13	5,4	<u>17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,17	1,5	<u>52.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,282	2,7	<u>55.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2022)

232012 12-13-22

SCHE	DULE A		Dublic Cha	rity Status on		lia Cu	innort		OMB No. 1545-0047
(Form	990)			rity Status an					2022
				47(a)(1) nonexempt cha					ZUZZ
	t of the Treasury /enue Service			ttach to Form 990 or Fo					Open to Public Inspection
			Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employer	identification number
Name o	f the organization		DIEGO CHILI	DREN'S DISCO		ALL C FILL	r		3-0912735
Part I	Reason			(All organizations must c					5-0912755
				For lines 1 through 12, c				0.	
1 [7	-		n of churches described	•)(A)(i).		
2	7			Attach Schedule E (Forn			·/··/·		
3	7			anization described in s		(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5] An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6	7	· •	-	nental unit described in					
7 <u>X</u>	- 0		-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
- 	-		omplete Part II.)						
8	- ·			(1)(A)(vi). (Complete Par	,				
9	-	-	-	in section 170(b)(1)(A)(-		-	-
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10	university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	e membersh	in fees and	aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)	(1000 00011011 0111 1009 110		eee aequi			
11	7			vely to test for public sa	fetv. See	section 50)9(a)(4).		
12	7 -	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	upporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
Г	~	.,	t complete Part IV,						
c L		-	• • • •	g organization operated				ly integrate	d with,
a E		•). You must complete I			-	• • • • • • • • • • • •	
d L		-	• •	orting organization oper ation generally must sat				-	
			•	nplete Part IV, Sections	•		•	anallenin	61633
e			,	written determination fro				II Type III	
				nally integrated supporti			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe	
f Er	ter the number o			, , , , , , , , , , , , , , , , , , , ,					
g Pr	ovide the followi	ng informatior	about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Total

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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	880,769.	921,525.	1100359.	1627102.	1631378.	6161133.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	880,769.	921,525.	1100359.	1627102.	1631378.	6161133.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1236118.
	Public support. Subtract line 5 from line 4.						4925015.
Sec	ction B. Total Support				1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	880,769.	921,525.	1100359.	1627102.	1631378.	6161133.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	23,960.	12,327.		12,864.	28,288.	77,439.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6238572.
12	•	•	,			· · · · · · · · · · · · · · · · · · ·	<u>,129,971.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	78.94 %
	Public support percentage from 2021					15	73.09 %
16a	33 1/3% support test - 2022. If the o	•			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	•				-	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022		CHILDREN'S		33-0912735	Page 3
Part III Support Schedule f	or Organization	s Described in Se	ection 509(a)(2)		

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

Sec	uon A. Fublic Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
i	include any "unusual grants.")						
1	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
i	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities						
1	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b /	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses						
;	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the form of the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here	a Support Dor					
	tion C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage			 	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-	•				
	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che						ان ا
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
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Yes No

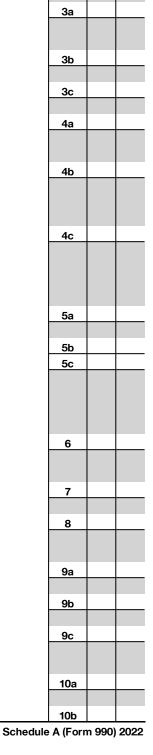
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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33-0912735 Page 5 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

				Yes	No
11	Hast	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c I	below, the governing body of a supported organization?	11a		
b	A far	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled	the supportin	ng organization.	
Section C. T	ype II Supp	orting Org	janizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s)

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).		
------------	--	---	---	--	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

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	edule A (Form 990) 2022 SAN DIEGO CHILDREN'S D			33-0912735 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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Par		a)(3) Supporting Orga	nizations (continu	ied)	
	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		_	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	—		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		•	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	<i>(</i>)	10	(
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	Form 990) 2022							MUSEUM	<u>. 33</u> –	0912735	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar (See instructions.)	5 1, 2, 3b, 3c, 4 D, lines 2 and 3	b, 4c, 5a, 3; Part IV,	6, 9a, 9b, 9 Section E,	9c, 11a, 11 lines 1c, 2	b, and 11c a, 2b, 3a, a	; Part IV, Ind 3b; Pa	Section B, I art V, line 1;	ines 1 and 2; I Part V, Sectio	Part IV, Section n B, line 1e; Pa	n C, art V,
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Employer identification number 33 - 0912735

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par		anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		· · ·
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
		····· · ··· · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, rele		
-	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
Der	organization's accounting for conservation easements.	Aut Historical Tracer and	Other Cimiler Accete
Par	t III Organizations Maintaining Collections of		Sther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 958	· ·	
	of art, historical treasures, or other similar assets held for publ		-
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	· · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		cial gain, provide
	the following amounts required to be reported under FASB AS	-	
	Revenue included on Form 990, Part VIII, line 1		^
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2022
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PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets: (continued) a Using the organization's accusation, accusation, and other records, check any of the following that make significant use of its collection tams (check all that apply): a b c b b b c b c b c c b c c<th></th><th></th><th>GO CHILDRE</th><th></th><th></th><th></th><th></th><th>0</th><th>33-09</th><th></th><th></th><th>age 2</th>			GO CHILDRE					0	33-09			age 2
collection lemis (check all that apply): a b b Scholarly research c Other	Par									s (conti	nued)	
a Public exhibition d Can or exchange program b Scholarly reaser.ch e Other	3		on, and other record	ls, checł	k any of the	following the	at make s	significar	nt use of its			
b Scholarly research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid or receive donations of at, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or 7 reported an amount on Form 990, Part X, line 21. 1a Is the organization angements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization angement in Part XIII and complete the following table: 2 Deginning balance 3 Additions during the year. 1a International during the year. 1a International during the year. 2 Dot de organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot de organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Additions of failities 3 Dot the organization include an amount on Form 990, Part X, line 10. 14 Endowment Fund	а	Public exhibition	c			• • •						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donalitions of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? C Beginning balance 10 11 21	b	Scholarly research	e	•	Other							
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						-						
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SAN DIEGO CH Part VII Investments - Other Securities.	IILDREN'S DIS	COVERY MUSEUM	33-0912735 Page 3
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		-	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	1 (1)
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X lir	ne 25
(a) Description of lightlift.	in oni 330, rativ, ine		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t		a the organization's financial statement	
 Liability for uncertain tax positions. In Part XIII, provide to organization's liability for uncertain tax positions under liability. 			
engline and the massing for uncontain tax positions under t		ore in the text of the foothold has bee	

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM

Schedule D (Form 990) 2022

33-0912735 Page 3

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Sche	edule D (Form 990) 2022 SAN DIEGO CHILDREN'S DISCO	VERY	MUSEUM	33-	0912735 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,321,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	72,84	4.	
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	72,844.
3	Subtract line 2e from line 1				2,248,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-67	8.	
с				4c	-678.
_				5	2,247,620.
5	_ Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			Э	2,24/,020.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ents W	ith Expenses p	er Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients W	ith Expenses p	er Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi a.	ith Expenses p	er Retur	2,209,939.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wi a.	ith Expenses p	er Retur	n.
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.	ith Expenses p	er Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	ith Expenses p	er Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	ith Expenses p	er Retur	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expenses p	er Retur	n. 2,209,939.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	72,84	1 4.	n. 2,209,939.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	72,84	<u>4.</u> <u>2e</u>	n.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	72,84	<u>4.</u> <u>2e</u>	n. 2,209,939.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	72,84	2e 3	n. 2,209,939.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	72,84	2e 3	n. 2,209,939.
Pa 1 2 a b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	72,84 -67	4 1 4 2e 3 3	n. 2,209,939. 72,844. 2,137,095. -678.
Pa 1 2 a b c d a b c 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	72,84	er Return 4 • 1 4 • 2e 3 8 • 4c	n. 2,209,939. 72,844. 2,137,095.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

SDCDM IS EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE

STATE REVENUE AND TAXATION CODE, RESPECTIVELY.

THE MUSEUM REMAINS SUBJECT TO TAXES ON ANY NET INCOME WHICH IS DERIVED

FROM A TRADE OR BUSINESS REGULARLY CARRIED ON AND UNRELATED TO ITS EXEMPT

PURPOSE. IN THE OPINION OF MANAGEMENT, THERE IS NO UNRELATED BUSINESS

INCOME FOR THE YEAR ENDED JUNE 30, 2023.

THE MUSEUM FOLLOWS ACCOUNTING STANDARDS GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA RELATED TO THE RECOGNITION OF UNCERTAIN TAX POSITIONS AS
232054 09-01-22
24
24

2022.05060 SAN DIEGO CHILDREN'S DISC 12735Q_1

Schedule D (Form 990) 2022 SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-0912735 Page 5 Part XIII Supplemental Information (continued)
PART OF THE STATEMENT OF ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS
DETERMINED THAT THE MUSEUM HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2023
AND THEREFORE NO AMOUNTS HAVE BEEN ACCRUED.
CONTRIBUTIONS TO THE MUSEUM ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION 170
OF THE IRC. THE MUSEUM IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL OF FIXED ASSETS -678.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL OF FIXED ASSETS -678.

Schedule D (Form 990) 2022

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SCHEDULE L Transactions				With	Vith Interested Persons						OMB No. 1545-0047						
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.								2022 Open To Public									
													Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization Employer								on nu	mber								
Part I	SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 33-09 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations on							35									
Parti											1 501(c)(29) orgai Form 990-EZ, Pa						
1					Relationship be									ю.	(d)	Corre	ected?
(a) Nam	e of disqualifi	ied pe	erson		person and	orgar	ization		(0	c) De	escription of tran	sactic	n		Y	es	No
															_	\rightarrow	
																+	
															_	\rightarrow	
2 Enter th	he amount of	tax in	curred by	the o	rganization ma	nade	rs or disc	nualifier	d nersons duri	ina t	he year under						
section			-		-	-			-	-			\$				
3 Enter th																	
Part II	Loons to	and	or From	Int	erested Pe	reor											
Farti								Part \	/ line 38a or F	orm	990, Part IV, line	≥ 26· í	or if th	e oraș	nizatio	'n	
	-		-		, Part X, line 5			, rait (onn	1000, 1 art 17, mi	5 20, 1		e orgu	mzanc		
	Name of		(b) Relation		(c) Purpose		Loan to or from the) Original	(f) Balance due) In	(h) Ap by bo		(i) V	Vritten
interes	sted person	ľ	with organiz	zation	of loan	org	anization?	1.	ipal amount				ault?	cómm	ittee?	-	ement?
SUBSTA	NTIAL C	ON	SUBST	- NT	CASH AD		o From C		50,000.		200,000.	Yes	No X	Yes X	No	Yes X	No
						_											
						-											
						+											
						+											
Total								•	\$		200,000.				•		
Part III					efiting Inte												
(a) No	Complete if t me of interest		•		vered "Yes" or							of		- (0			4
(a) Na		teu pe	815011	'	(b) Relationshi interested pe	rson	and	"	c) Amount of assistance		(d) Type assistan) Purp assista		
					the organ	zatio	า										
				_													
LHA For Pa	aperwork Re	ductio	on Act No	tice,	see the Instru	ction	s for Fo	r <mark>m 990</mark>	or 990-EZ.				Sche	dule L	. (Forr	n 990) 2022

SEE PART V FOR CONTINUATIONS

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Schedule L	(Form 990) 2022 SAN DI	EGO CHILDREN'S DISCO	OVERY MUSEUM	33-0912	735	Page 2						
Part IV	Business Transactions Involvi	ng Interested Persons.										
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		1							
((a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of organization(e) Sharing o organization											
					Yes	No						
Part V	Supplemental Information.	I	11		1	<u> </u>						
	Provide additional information for response	onses to questions on Schedule L (see i	instructions).									
SCHEDU	ILE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	:								
(A) NA	ME OF PERSON: SUBSTA	NTIAL CONTRIBUTOR										
	LATIONSHIP WITH ORGAN			קר								
<u>(C) P</u> U	IRPOSE OF LOAN: CASH I	ADVANCES FOR MUSEUM	OPERATIONS									
(D) LC	DAN TO OR FROM ORGANI	ZATION? = TO										
<u>(E)</u> OF	RIGINAL PRINCIPAL AMO	UNT \$ 750,000. (F)	BALANCE DUE	\$ 200,000.								
(G) LC	OAN IN DEFAULT? = NO											
(H) AB	PROVED BY BOARD OR CO	OMMITTEE? = YES										
(I) WF	RITTEN AGREEMENT? = YI	ES										

Schedule L (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ ~~dash

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

SAN DIEGO CHILDREN'S DISCOVERY MUSEUM



Employer identification number 33-0912735

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WILDEST DREAMS. OUR VISION FOR THE FUTURE IS TO BE THE LEADERS IN

INVENTIVE EARLY CHILDHOOD LEARNING. OUR VALUES: WE ASPIRE TO SERVE ALL

CORNERS OF SAN DIEGO AND ADJACENT COUNTIES. WE BELIEVE IN LEARNING

THROUGH HANDS-ON PLAY. WE BELIEVE IN NURTURING KIND HEARTS AND CURIOUS

MINDS. WE BELIEVE IN EDUCATIONAL OPPORTUNITIES THAT ARE INCLUSIVE AND

OPEN TO ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTIES. WE BELIEVE IN LEARNING THROUGH HANDS-ON PLAY. WE BELIEVE IN

NURTURING KIND HEARTS AND CURIOUS MINDS. WE BELIEVE IN EDUCATIONAL

OPPORTUNITIES THAT ARE INCLUSIVE AND OPEN TO ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ABILITIES, AND PHYSICAL WELL-BEING FROM THE EARLIEST CHILDHOOD YEARS

WHEN IT MATTERS THE MOST. MOBILE WORKSHOPS FOCUS ON STEM AND

SOCIAL-EMOTIONAL SKILLS AND ALIGN WITH PRESCHOOL LEARNING FOUNDATIONS.

RESEARCH SHOWS THAT CHILDREN WHO ENGAGE IN HIGH-QUALITY EARLY CHILDHOOD EDUCATIONAL ENRICHMENT ACTIVITIES LIKE THOSE OFFERED BY SDCDM ARE MORE LIKELY TO ACHIEVE POSITIVE OUTCOMES IN THE LONG RUN. SDCDM EDUCATIONAL PROGRAMS AIM TO HELP CLOSE THE ACHIEVEMENT GAP, PREPARE TODDLERS FOR KINDERGARTEN, REMOVE TRANSPORTATION BARRIERS, AND IMPROVE HEALTH OUTCOMES FOR ALL PARTICIPATING CHILDREN.

 OVER
 THE
 YEARS
 SDCDM
 HAS
 COLLECTED
 TESTIMONIALS
 FEEDBACK
 AND
 SURVEYS

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Name of the organization SAN DIEGO CHILDREN'S DISCOVERY MUSEUM	Employer identification number 33-0912735
FROM THE COMMUNITY WHICH CITE THAT OUR FUN, SAFE, AND INCL	USIVE MUSEUM
HAS BEEN LIKE A SECOND HOME FOR LOCAL FAMILIES. RESPONDENT	S FREQUENTLY
MENTION THAT THEY ARE VERY IMPRESSED WITH OUR STAFF AND FE	EL STRONGLY
THAT SDCDM IS HIGHLY ACCESSIBLE, FOCUSED ON COOPERATIVE PL	AY, AND
CONTRIBUTES TO EARLY SKILLS AND BRAIN DEVELOPMENT. TEACHER	S OFTEN
EXPRESS THEIR GRATITUDE FOR SDCDM EDUCATIONAL PROGRAMS AND	NOTE THAT
WITHOUT US, STUDENTS AT THEIR SCHOOLS WOULD NOT RECEIVE AC	CESS TO
MUCH-NEEDED STEM RESOURCES AND SUPPLEMENTAL EDUCATIONAL EX	PERIENCES.
DURING AN ALREADY CHALLENGING TIME WHERE FAMILIES HAVE EVE	N FEWER
RESOURCES THAN EVER AND ARE AT GREATER RISK OF MARGINALIZA	TION, SDCDM
SEEKS TO BRIDGE THE GAP IN EDUCATIONAL ATTAINMENT AND ACCE	SS BY
PROVIDING STUDENTS WITH HIGH-QUALITY, HANDS-ON EARLY STEM	ENRICHMENT
EXPERIENCES.	

THIS PAST FISCAL YEAR, THE MUSEUM SERVED OVER 80,843 CHILDREN AND FAMILIES ONSITE AND OVER 10,393 CHILDREN THROUGH OUR MOBILE CHILDREN'S MUSEUM. WE PROVIDED ACCESS FOR ALL ADMISSIONS OR MEMBERSHIP TO 15,376 PATRONS, HOSTED 46 ONSITE SPECIAL EVENTS, INCLUDING FUN ANIMAL FRIDAY, BABY STORYTIMES, SUMMER SERENADES, NATURE NIGHT AND KPBS KIDS' EVENTS, AND DISTRIBUTED 10,300 STEM ACTIVITY KITS. 2,109,865 PEOPLE WERE REACHED THROUGH DIGITAL PLATFORMS: 1,460,808 THROUGH SOCIAL MEDIA, 508,526 THROUGH WEBSITE INTERACTIONS, AND 140,531 THROUGH VIRTUAL PROGRAMMING. EIGHT NEW MOBILE AND ONSITE EXHIBITS WERE ADDED INCLUDING MONEY SENSE, TORTOISE HABITAT AND CATERPILLAR COURSE.

ADDITIONAL ACCOMPLISHMENTS IN THE PAST FISCAL YEAR INCLUDE:

-EXPANDED OUR MOBILE CHILDREN'S MUSEUM FLEET TO FOUR VEHICLES.

-70 NEW AND EXPANDED COMMUNTY PARTNERS INCLUDING UNITED WAY OF SAN 232212 10-28-22 Schedule O (Form 990) 2022 29

Name of the organization SAN DIEGO CHILDREN'S DISCOVERY MUSEUM	Employer identification number 33-0912735				
DIEGO, JACOBS & CUSHMAN SAN DIEGO FOOD BANK, RONALD MCDONA	LD HOUSE AND				
INTERFAITH COMMUNITY SERVICES, INC.					
-HOSTED FIRST EVER STEMPOSIUM WITH 100 EDUCATORS AND THOUG	HT LEADERS IN				
EARLY EDUCATION AND STEM FIELDS					
-SERVED 1,751 STUDENTS THROUGH ONSITE FIELD TRIPS					
-DOUBLED THE NUMBER OF SENSORY FRIENDLY MORNINGS OFFERED					
- OVER 2,000 HOURS OF VOLUNTEER SERVICE					
-GREATLY EXPANDED OUR MOBILE CHILDREN'S MUSEUM PROGRAM THA	T BRINGS				
CURRICULA-LED STEM AND ART WORKSHOPS AND EXHIBITS TO CLASS	ROOMS AND THE				
COMMUNITY.					
-SERVED 5 GRADE LEVELS THROUGH 10 SCHOOL DISTRICTS AND PAR	TNERS: MAAC,				
ESCONDIDO UNION SCHOOL DISTRICT, BOYS & GIRLS CLUB, OCEANS	IDE UNIFIED				
SCHOOL DISTRICT AND MORE.					
FORM 990, PART VI, SECTION B, LINE 11B:					
A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE B	OARD OF DIRECTORS				
FOR THEIR REVIEW PRIOR TO FILING THE RETURN. EACH MEMBER	SIGNS				
ACKNOWLEDGING RECEIPT AND REVIEW OF THE RETURN. THE APPRO	VAL OF FILING THE				
FORM 990 IS DOCUMENTED IN THE BOARD'S MEETING MINUTES WITH	A COPY OF THE				
REVIEWED RETURN. BOARD MEMBERS WHO ARE NOT PRESENT AT THE	MEETING ARE				
EMAILED A COPY FOR THEIR REVIEW AND ACKNOWLEDGE THEIR APPR	OVAL IN A RETURN				
EMAIL, WHICH IS FILED WITH THE BOARD MEETING MINUTES.					
FORM 990, PART VI, SECTION B, LINE 12C:					
BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT	OF INTEREST				
QUESTIONNAIRE, WHICH IS REVIEWED AND RETAINED BY THE BOARD	CHAIR. ALL NEW				

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE

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UPON JOINING THE BOARD.

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Schedule O (Form 990) 2022

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER'S SALARY IS REVIEWED AT LEAST ANNUALLY, AND

COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. OTHER TOP MEMBERS OF

MANAGEMENT ARE REVIEWED ANNUALLY, AND COMPENSATION IS DETERMINED BY THE

CHIEF EXECUTIVE OFFICER AND REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION IS MADE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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